Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	9/2/2015
Page 28	

\$510.00

Name of Committee in Full				
Glaeden for Judge		•	Registration Number, if I	PAC
Full Name of Contributor Jodi Govern	•		Registration (Value), (V	A.C
Street Address	F 1	-i (I ab O-conization)	M D Y	Amount
4066 Delancy Park Dr.	Employer/Occupa	Employer/Occupation/Labor Organization*		\$25.00
Cîty	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH _.	43016	Check	
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registration Number, if	PAC
Pamela Boratyn			Mi D Y	·
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount
46 Pinebrooke Dr.				\$25.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Westerville	OH_	43082	Check	
Full Name of Contributor			Registration Number, if	PAC
Jennifer French for Judge			M D Y	·
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount
865 Macon Alley			0 9 0 2 1 5	\$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.) Check	
Columbus	OH	43206		7-1
Full Name of Contributor			Registration Number, if	PAC
Kimberly Hickman			M D Y	T4
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$25.00
262 E. Gay St.			0 9 0 2 1 5 Form (Cash, Check, etc.)	
City	Star te	Zip Code	Check	
Columbus) OH	43215	Registration Number, if	PAC
Full Name of Contributor J. Harris Leshner			Registration (viniber, 11	
Street Address	Employer/Occur	Employer/Occupation/Labor Organization* Attorney		Amount 6450 00
336 S. High St.	Attorne			\$150.00
City	Stal te	Zip Code	Form (Cash, Check, etc.) Check	
Columbus	OH	43215		
Full Name of Contributor Kari Hertel			Registration Number, if	PAC
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		Amount \$35.00
4607 Wuertz Ct.			0 9 0 2 1 5	
City . Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc. Check	
Full Name of Contributor			Registration Number, if PAC	
Mark Collins Co., LPA				· · · · · · · · · · · · · · · · · · ·
Street Address 492 S. High St., 3rd Floor	Employer/Occu	pation/Labor Organization*	0 9 0 2 1 5	Amount \$100.00
	Starte	Zip Code	Form (Cash, Check, etc.	
City Columbus	OH Sign	43215	Check	,
00.011000		seembly condidates. If contrib	utania salf amployed the oc	aungtion and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

in the date column			
Total contributions this event	Total expenditures this event.		
\$1,485.00	0.00	¢E	

Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributed the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]